

South Dakota Board of Nursing

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South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sloux Falls, SD 57106-3115SD BOARD OF NURSING (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Curriculum Change for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

ame of Primary Instructor: Clara Northern Melgaard	Polz, R.	N. Aberdeen	SD 574	<i>b</i> 1
ione Number: 605-725-7777		Fax Numbe		5-7780
mail Address of Faculty: ngellhaus@)thean	gelhaus.co	m	
Request to use the following approved of selected curriculum. Each program is a				
□ 2011 SD Community Mental Health Fac	cilities (only ap	proved for agencies	certified through the D	epartment of Social Services)
☐ Gauwitz Textbook – <u>Administering Med</u>				
☐ Mosby's Texbook for Medication Assist:	<u>ants</u> , Sorrenti	ino & Remmert (20	09)	
☐ Nebraska Health Care Association (201	LO) (NHCA)			
We Care Online				
List faculty and licensure information: / clinical RN experience.	For new RN fa	aculty, attach resur		evidence of minimum 2 yea
clinical RN experience.	For new RN fa	Number	RN LICENSE Expiration Date	Verification
List faculty and licensure information: / clinical RN experience. RN FACULTY/INSTRUCTOR NAME(S)			RN LICENSE	-
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	RN LICENSE Expiration Date	Verification
RN FACULTY/INSTRUCTOR NAME(S) Clara No/z	State S ()	Number R 01 44 83	RN LICENSE Expiration Date	Verification (Completed by SDBON)
RN FACULTY/INSTRUCTOR NAME(S) Clara Nolz Tessa liggs (Slaight)	State State	Number R014483 R038061	RN LICENSE Expiration Date 4/26/13 8/13/12 8/3/13	Verification (Completed by SDBON) Of ham
clinical RN experience. RN FACULTY/INSTRUCTOR NAME(S) Clara Nolz Tessa Riggs (Slaight) Kimberly Russell	State S D S D	Number R014483 R038061 R033888	RN LICENSE Expiration Date 4/26/13 8/13/12 8/3/13	Verification (Completed by SDBON) OU OU OU OU OU OU OU OU
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RN FACULTY/INSTRUCTOR NAME(S) Clara Nolz Tessa Piggs (Slaight) Kimberly Russell N Faculty Signature: Qara Mais section to be completed by the South late Application Received: 1/1/12	State State S D S D Dakota Boa	Number RO14483 RO38061 RO33888 N. rd of Nursing Date Notice Sent	RN LICENSE Expiration Date 4/26/13 8/13/12 8/3/13 Date: 0 6	Verification (Completed by SDBON) OU OU OU OU OU OU OU OU